



PART B - FEE(S) TRANSMITTAL

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000277 7590 07/27/2005

PRICE HENEVELD COOPER DEWITT & LITTON, LLP
695 KENMOOR, S.E.
P O BOX 2567
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Jacki Buckley	(Depositor's name)
<i>Jacki A. Buckley</i>	(Signature)
October 26, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/755,797	01/12/2004	Carlisle Thweatt JR.	TRU05 P-313	9380

TITLE OF INVENTION: HEATER HAVING OVER TEMPERATURE SHUT OFF CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no Yes	\$1400 \$700	\$300	\$1700 \$1000	10/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JIANG, CHEN WEN	3744	236-02100B

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Price, Heneveld, Cooper,
DeWitt & Litton, LLP
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TruHeat, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Allegan, MI

11/01/2005 EAYALEW2 00000032 10755797

01 FC:2501
02 FC:1504700.00 OP
300.00 OP
9.00 OPPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporate or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 1692463 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kevin T. Grzelak

Date

10/26/05

Typed or printed name

Kevin T. Grzelak

Registration No.

35 169

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